

**BENEFICIARY DESIGNATION**  
**RSA-1 & PEIRAF**  
Retirement Systems of Alabama  
P. O. Box 302150 ♦ Montgomery, AL 36130-2150  
334-517-7000 or 877-517-0020  
[www.rsa-al.gov](http://www.rsa-al.gov)

All changes to this form must be initialed.

Name \_\_\_\_\_  
First Middle/Maiden Last

Address \_\_\_\_\_  
Street or P. O. Box  
\_\_\_\_\_  
City State Zip Code

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Daytime Phone No. (\_\_\_\_) \_\_\_\_\_ Type of Account: ☐ RSA-1 ☐ PEIRAF

**DESIGNATION OF PRIMARY BENEFICIARY(IES)**

I, the undersigned, do hereby designate for the above account(s) the following individuals as my primary beneficiary(ies):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

In the event of my death, the total amount credited to the account(s) indicated above will be payable to the beneficiary(ies) designated above in accordance with the laws governing such payments.

**DESIGNATION OF CONTINGENT BENEFICIARY(IES)**

In the event the primary beneficiary(s) designated above does **not** survive me, I hereby authorize the RSA-1 and/or PEIRAF to pay the total amount standing to my credit in RSA-1 and/or PEIRAF account(s) to the beneficiary(ies) name below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Address: \_\_\_\_\_  
Social Security Number Street or P. O. Box City State Zip Code

I agree on behalf of myself and my heirs and assigns that payment so made shall constitute a release of the RSA-1/PEIRAF from any further obligation on my account. Should I survive all of the above named persons, I hereby direct the RSA-1/PEIRAF to pay my estate.

Signature of Applicant in the presence of a Notary \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Before me appeared \_\_\_\_\_, known to me to be the person who subscribed to the foregoing instrument on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

Seal

My Commission Expires \_\_\_\_\_